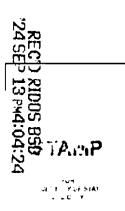
RI SOS Filing Number: 202459423700 Date: 9/13/2024 4:04:00 PM



State of Rhode Island **Department of State - Business Services Division**

Articles of OrganizationDOMESTIC Limited Liability Company

→ Filing Fee: \$150.00



Pursuant to the provisions of <u>RIGL 7-16</u> , the following Articles of Orga the limited liability company to be organized hereby:	nization are adopted for	L	
The name of the limited liability company is:	•		
MH. Artistic Visions LLC			
2. The name and address of the initial resident agent/office in Rhode Island is:			
Agent Name Mark A House			
Street Address (NOT a P.O. Box)			
10 Mansfield St City/Town Providence	· · · · · · · · · · · · · · · · · · ·		
City/Town	State	Zip Code	
Providence	RHODE ISLAND	02908	
3. Under the terms of these Articles of Organization and any written operating agreement made or intended to be made, the limited liability company is intended to be treated for purposes of federal income taxation as (CHECK ONE BOX):			
a disregarded as an entity separate from its member (single member LLC)			
a partnership			
a corporation			
4. The address of the principal office of the limited liability company, if it is determined at the time of organization:			
Street Address 10 Mansfield St			
City/Town Providence	State Rhade Island	Zip Code	
Thouglence	Khode Island	02708	
5. The limited liability company has the purpose of engaging in any lawful business, and shall have perpetual existence until dissolved or terminated in accordance with RIGL <u>7-16</u> , unless a more limited purpose or duration is set forth in Section 6 of these Articles of Organization.			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

	ny limitation of the purp	ember(s) elect to have set forth in these Articles bose(s) or duration for which the limited liability in an operating agreement:
	•	
		Check this box to indicate attachment
7. The Limited Liability Company is to be mana	aged by its:	
You MUST check one box:		
Members (Owners)	OR	Manager(s). Complete the chart below.
DO NOT complete the chart be		(A) manager (e): Complete into analy selection
	MANAGER(S) NAME	ADDRESS
	Mark A How	ie 10 Mansfield st
		Charle this have to indicate attractment.
0.04		Check this box to indicate attachment
Date when these Articles of Organization with the second sec	II be effective: CHECK	ONE BOX ONLY
★ Date received (Upon filing)		
Later effective date (Date must be no mor	e than 90 days from the	e date of filing)
Under penalty of penjury, I declare and affirm the	<u> </u>	
accompanying attachments, and that all statem	nents contained herein	are true and correct.
	Address	et
Mark A House	10 Mansfield	
City/Town	State	Zip Code
Providence	Phode Isla	and 02908
		
Signature of Authorized Person		Date
Marl a Horen		9-13-2024

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

September 13, 2024 04:04 PM

Gregg M. Amore Secretary of State

Treg M. Coure

